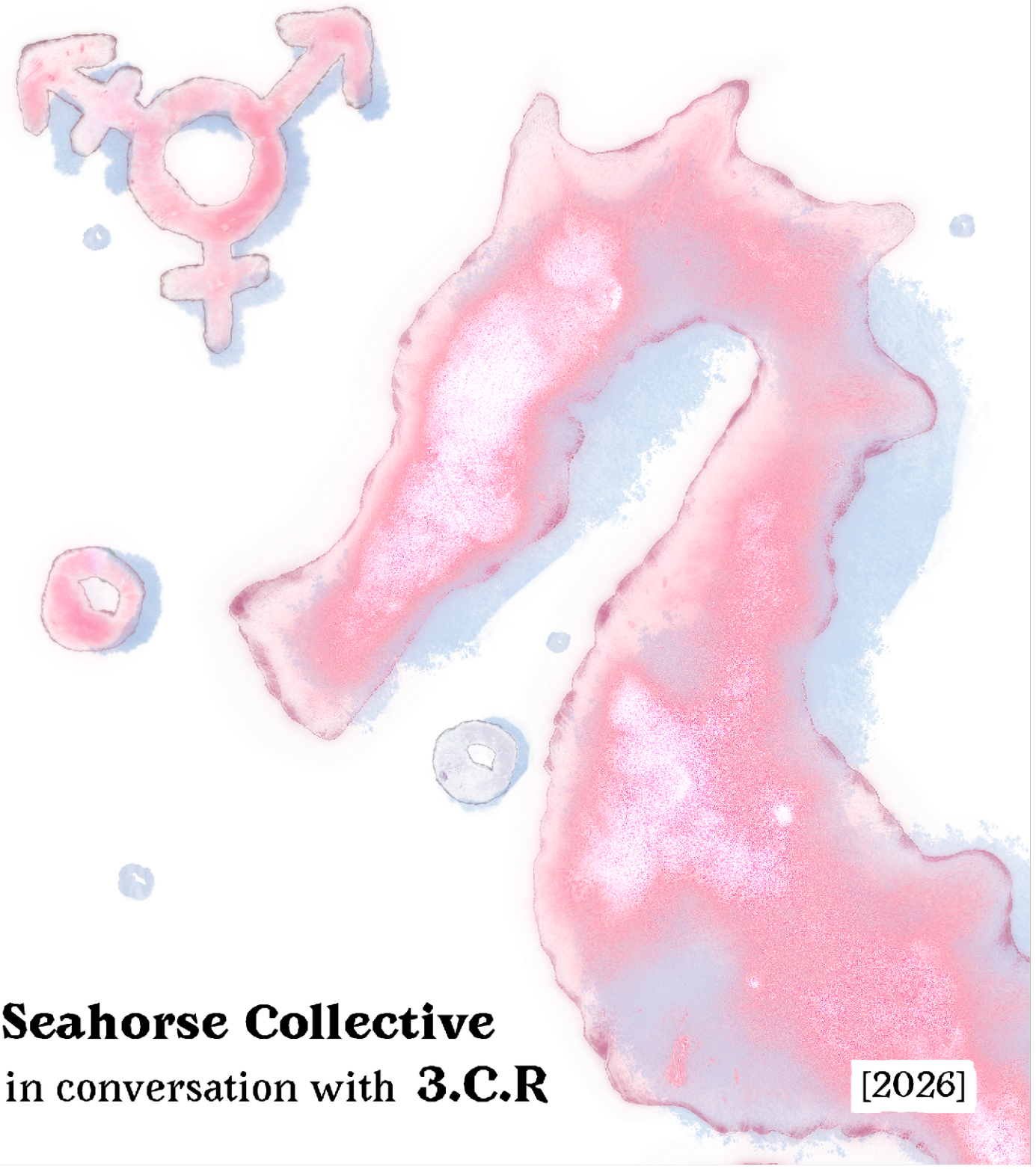
Autonomous Trans Healthcare

in so called "melbourne"



Seahorse Collective

in conversation with **3.C.R**

[2026]

Autonomous Trans Healthcare In So-Called ‘melbourne’ With SEAHORSE COLLECTIVE

in conversation with 3CR

1. Tell us about the seahorse collective and how it was formed?

In terms of who Seahorse Collective is, we’re a collective of trans people who have lived-experience struggling to access HRT – that is, “hormone replacement therapy” like estrogen and testosterone that some trans people use to alter our bodies, for people who aren’t already aware! We are an anonymous collective (hence the strange voice you are hearing us through now) and we operate autonomously and independently; we aren’t associated with any medical clinics or NGOs, any given political party, or the state.

In terms of what Seahorse Collective does, we support people who are facing barriers to accessing HRT through formal healthcare institutions. Often that’s people who can’t access hormones at all through any formal channels that they’ve tried so far, such as through doctors’ clinics. This can be people who have been kicked off hormones by their doctor, or who can’t afford to see a doctor who’s willing to prescribe hormones, as these doctors can be expensive. A lot of doctors who prescribe hormones also have wait-lists that are just too long to be helpful, because often people are in urgent situations when they begin seeking hormones. Long wait lists and prohibitively expensive or prejudiced doctors, are systemic problems which stem from structural oppressions deeply rooted in this colony, but we’ll talk more about this later.

As a result of these violent and eugenic systems, a lot of us have been forced to, or prefer to, manage our hormones either without a doctor’s involvement or not directly under their supervision – this is referred to as ‘DIY HRT.’

Support from Seahorse Collective might look like knowledge-sharing about the strengths and pitfalls of certain so-called ‘trans-friendly’ doctors around town; advice about using hormones based on personal experience; or even assisting people to access hormones through whatever means are available to them.

Anyway, to get in contact email us at seahorsecollective@protonmail.com. We don’t operate out of a physical space, nor do we have a website, so please do write that email down and email us if we can help you. We can help no matter where you are on this continent.

1.2 How was Seahorse Collective formed?

Seahorse Collective emerged in response to a specific political moment that we are still living in. In late 2024 the ‘queensland’ state government announced it was banning *trans* children from starting HRT or puberty blockers – by the way this ban doesn’t apply when adults decide an intersex child’s sex needs to be supposedly ‘corrected’ using the same interventions – and the federal government announced it was also reviewing trans healthcare for minors nationally. And obviously there’s also this trend of putting trans healthcare under the ‘culture wars’ microscope in all these western liberal democracies (like the colonial powers of the UK and USA) which previously had this charming rainbow veneer claiming to protect queer people.

At that moment in 2024, the broader ‘trans movement,’ (and self-appointed spokespeople like the cis parents of trans children) organised a national response demanding the ‘queensland’ state government quote-unquote ‘return’ the control of trans healthcare back to the hands of doctors.

This frustrated us because grassroots trans movements have never argued for trans healthcare to be controlled by doctors. **Doctors have not been our allies any more than governments and politicians.** There is a damaging power imbalance between doctors and patients; there’s an intrinsic class dynamic between my doctor and me. It’s not only that my doctor probably comes from a well-off background and is maintaining that background through her career; but to stay in that position she does need to convince me that she has more knowledge than me about my own body, and maintain power as the authority figure able to grant me medicines and offer me procedures. We’re taught to believe we need doctors for every form of healthcare, but the self-evident fact is: **everything we know about trans bodies comes from trans people!** We find ourselves teaching our doctors things constantly. My doctor *as a doctor* doesn’t know what it’s like to be in my body, isn’t there to take note of all the changes – because even if my doctor is trans – she isn’t part of my community, as I am her *patient.*

So when we heard trans and cis people calling for “power in the hands of doctors not politicians!” we were like: “doctors” ??? What about us? What about trans people’s power when it comes to our own bodies? And “politicians”??? What about Mob’s power when it comes to stolen land?

For a long time, trans communities were *defined* by the ways we cared for each other because formal institutions rejected and harmed us. Many trans people never sought to be included in those institutions in the first place. Like them, we will continue caring for each other. And this is just as much the case for collectives who aren’t necessarily trans. We’re especially inspired by those communities struggling against imperialism and colonisation for collective self-determination, you know; the Zapatista’s autonomous

health services, the Young Lords' health program and actions in the Bronx, Aunty Alma Thorpe's vision for the Aboriginal Health Service, and the countless unrecorded Black, Brown, Indigenous, and disabled communities who care for each other outside formal medical institutions.

That federal review of trans healthcare for minors is due any day now, so we are curious to see what position the government takes. But ultimately we have no faith the colonial government can ever be a solution to trans people's problems. Nor can the colonial, capitalist medical system in so-called 'australia'. After all, transphobia arrived on these shores in 1788, along with biological weapons of war; disease, sexually transmitted infections, medical racism. This is the same state that steals Aboriginal kids from their culture and community and locks them up at astounding rates, and we're supposed to believe this state suddenly cares about trans children? The only instance in which we observe this colony to 'care' about trans people or trans children is when we are invited to take part in pinkwashing this whole colonial project. We reject that.

Although our means are currently limited, we want to build something without the state, build our capacity for care of each other outside of the state, something that can't be taken away at a whim, something that helps build genuine bodily autonomy.

And that's effectively how Seahorse Collective emerged, out of this frustration with the broader trans movement that's calling on this fundamentally illegitimate, deeply untrustworthy colony to quote-unquote 'help' us. Acting like these institutions with so much power might just be a little bit kinder all of a sudden. **Maybe instead, we could start judging institutional trans medicine, which is very much in the public eye at the moment, against DIY community healthcare practices, *not the other way around*?**

2. Describe the current state of access to gender-affirming hormones for trans and gender-diverse people both here in so-called victoria and across the continent

Sure thing. And maybe our answer to this will explain a bit more for your listeners where our distrust in these institutions – which might seem really odd to some of you – comes from, and explain these abstract ideas a bit more.

So just because we don't have a ban on HRT for minors in so-called 'victoria' – where Seahorse Collective is based – doesn't mean the trans healthcare situation here is good. People who are interstate, in an evidently worse situation regarding hormones, and also

inner city trans people who accessed hormones easily here, tend to assume that accessing hormones is easy in Naarm and that's that!

But the situation looks like this: your typical GP (who has the power to prescribe and manage your hormones) will probably first say they can't prescribe you hormones or blockers because they 'don't know enough about trans healthcare,' supposedly according to their principle of 'do no harm.' Well I can tell you now, the harm of being forced to go through a puberty you don't want, or denied hormones as an adult, is far greater than whatever marginal risks your transphobic doctor will summon out of thin air in order to deny you healthcare.

Your typical GP might then thank you for your time and money and send you away with nothing, or, if you're lucky, 'refer' you to one of the providers with supposed 'trans healthcare expertise,' where you can rot on a waiting list for years or pay loads of money to get into one of the private ones more quickly. On the other hand, a 'friendly' GP who is a quote-unquote 'expert' on us, might demand that you justify why you need hormones by explaining some mysterious deep inner feeling and your life story. Even then, you might not end up with a hormone prescription in your hand.

In that doctor's room, you may face medical racism, fatphobia, and ableism, which persists even in supposedly progressive trans healthcare. A doctor won't allow you to start hormones if they perceive your natural hormone levels to be too high – but the medical standard for what is quote-unquote natural comes from cis, non-intersex, and *white* bodies. Trans masc people who are Black, Brown, or Indigenous can be denied or under-prescribed testosterone because you are *perceived* to be already too masculine or have too much testosterone.

Doctors might deny you hormones if you have diabetes, which obviously affects Aboriginal people's ability to access hormones because of the disproportionate rate of diabetes among Aboriginal peoples – another example of intersections of medical racism and cissexism.

Medical fatphobia means that the doctor might assume it's too risky for you to begin hormones unless you lose weight, or they might falsely claim that you'll be at higher risk of cholesterol problems, heart attack, or blood clots than cis people. Medical fatphobia inflates perceived risks of HRT centering around the idealised 'safety' of thin, white, cis bodies – even though according to these standards, there's actually greater risks for people taking estrogen to manage menopause than for trans femmes on estrogen.

Doctors may deny HRT to those of us deemed 'mad' or mentally unwell until they consider us 'well enough' to be granted bodily autonomy in accordance with medical

ideas of person-hood. And even then, we might be patronisingly put on a lower dose than we desire. Similarly, people with physical disabilities are also infantilised when seeking hormones, either by the doctor assuming it is too ‘risky’ to start HRT, or that we cannot make our own medical decisions, as those in power control what choices we can make for ourselves, and why, and when.

These are just a few examples of how medical cissexism intersects with other systemic problems when we’re dealing with doctors. Each have happened in this allegedly progressive, quote-unquote ‘queer friendly’ city.

If the ‘specialist’ GP *does* prescribe you HRT, they might make you see an expensive private endocrinologist and maybe psychologist first; and then put you on such a small starting dose that it’s impossible to have any physiological effects, so it’s as if you didn’t even start HRT in the first place – but you’ve wasted all that time and money, not to mention the mental toll of constantly proving that you deserve this medicine, that you are mentally ‘fit’ enough to decide to take it, that you can actually live for years as a ‘real’ trans person. This is literally the process at one large specialised gender clinic that people in Naarm are often referred to.

So often we find *ourselves* educating the *doctors* about what to prescribe us, the side-effects, how much we take, and whatever else is relevant about our lives so we can get what we need out of the hands of these supposed ‘experts’. And when we come back into our communities with *their* advice we learn it’s based on flawed studies and misconceptions.

This city is also known for having plenty of so-called ‘trans-friendly’ private GPs compared to other capital cities. These GPs run on an ‘informed consent’ model, meaning if you are 16 or over, the GP will ask you to read and sign a form outlining the effects and risks of HRT and then after a blood test give you a prescription on your second appointment with them. However, only a few of these doctors bulk bill, and every single one of them tends to have long waitlists because this supposedly ‘special’ *trans* healthcare is only practiced by a few inner-city doctors. ‘south australia,’ in contrast, doesn’t have a single informed consent GP taking patients. And if you’re not covered by Medicare or the PBS because, for example, you’re a refugee, migrant, or incarcerated, you’re looking at massive bills to access healthcare.

If you happen to be trans and incarcerated – probably in isolation specifically because you are trans – it is basically impossible to start hormones, or even change your legal name, for that matter. Even if you were on hormones before being incarcerated, this medical care, along with much else, is routinely denied to most people locked up by the state.

If you are under 16, it's basically impossible to start hormones because legally you need *both* parents to fully support you – which is so rare even for adults – and if one parent doesn't sign off on it you need to go to court! (which is going to be expensive in itself!) You need a supportive GP, but your family also needs to be able to afford the specialists, you need to pass ableist, infantalising cognitive tests (for the doctors to believe that you are actually trans like you say you are), *and* you need to be able to survive in this powerless limbo for years on waiting lists, with the constant threat of unwanted bodily changes – that is, puberty – looming and taking shape. If you're in out-of-home 'care', forget about it. **So all the hoops that have supposedly been eliminated for the most privileged trans people are still very much in place for people under 16. It might not be banned in 'victoria' but the reality is that it might as well be for all but the most fortunate kids.**

So we see more and more people around us turning to DIY, not even because there aren't so-called 'gender affirming' doctors, but **because doctors hold power over our bodies while we as a community are the ones who create, maintain, and live with the knowledge**.

Hopefully your listeners can see a bit now why we don't want our healthcare in the hands of doctors *or* politicians!

3. Why is access to these medicines so important?

To push back a little bit, the reality is HRT isn't any *more* important to some trans people's lives than another medicine a person would need to function. The reason hormone replacement medicines *are* so central in trans narratives is because they are denied to us due to medical gatekeeping. Also because western systems of sex and gender centre around two hormones, which are - biologically speaking – relatively insignificant molecules. This is not to diminish the importance of HRT for many of us. These medicines can be life saving and life defining, as is the case with anything that, when restricted, constrains your very bodily autonomy. And we of course think whatever healthcare people need they should have it!

Gender, no matter what historical or social context happens to give it certain meanings and points of reference, is a social relation with material consequences. **So when we talk about trans healthcare in a really concrete, embodied way, the obvious questions are: do you have a safe place to live? Food to eat? Genuine safety and accountability beyond and against the state? A community that can determine its own destiny, a community that you transition with and within? We want to build our capacity as a movement to address these things.** It is worth pointing out, especially to people who haven't transitioned, how much trans people's lives are defined

primarily by our place in our communities, the solidarity we have with one another, the way we live our lives *together.*

It is a symptom of the medicalisation and exceptionalisation of trans experience to see our transitions as individual inner journeys of triumph or tragedy, where the 'good' gatekeeper, as a knowledge holder, sometimes chooses to hold the gate open, while the uninformed 'bad' gatekeeper slams it in our faces. Collective struggles are viewed as – and then splinter into – individual journeys. But our transitions are part of the broader social and material collective struggles of our communities and ancestors. The reality is, for most people struggling to access HRT, this isn't even the primary problem in our lives – it instead compounds and overlaps with systemic issues we face around healthcare, bodily autonomy, and self-determination, like the patriarchy but (perhaps more so) also white supremacy, colonisation, and ableism.

So I guess we want to push back on the tendency to exceptionalise trans experience – especially the privileged trans experience – away from other struggles.

4. How does the seahorse collective fill the gap left by the colonial government?

Yeah this carries on nicely from what we were just saying because, if I can be a bit of a brat again, this 'gap' that you refer to – we see it as intentional as opposed to just some blindspot by the colonial government. This extends to healthcare in general, especially for oppressed peoples. And we don't aim to *fill* it. **We don't want to rehabilitate 'australia' or a some 'australian' identity. It is easy to fall into this trap of believing in the rights we are supposedly '*owed*' because we are apparently *'australians,'* or acting out this idea that many white queers implicitly hold: that they have lost some privileges of whiteness by transitioning and *deserve* to regain them. That is not the motivations of our collective and we don't want to function on that presumption.**

Let's take filling the gap of state subsidies – like Medicare and the PBS. As we've mentioned, for trans people most doctors are so expensive, and lots of procedures and drugs are too. But state subsidised healthcare within a capitalist economy further entrenches the relationship between me and my doctor as an economic one and makes it more expensive.

I am a consumer and the doctor a service provider. I am an individual with an individual '*problem*' and I pay for them to quote-unquote 'fix' me, because they are apparently an expert on my problems. Our relationship is not founded on a horizontal understanding of each other, being in community together, having collective problems and solutions.

It is an economic relationship that is perpetually bankrolled by the state. The state needs workers to be physically healthy enough to work for the economy to run, and therefore needs those people to be able to just afford *some* form of healthcare. So when doctors demand a certain higher standard of living – often beyond the communities they treat – they can do this because the state will keep begrudgingly paying the difference to keep subsidised healthcare just within reach for the working population. When doctors effectively strike for better wages by stopping bulk-billing, refusing to be somewhat accessible to the majority of the population, are they striking in solidarity with us? We, the consumers, are only collateral in a strike meant to hit their employers – the state who pays most of their wages. As we've already said, there's an inherent class conflict between doctors and ourselves.

And what about those people not covered by the state rebates? Refugees, incarcerated people and the majority of migrants? The *unsubsidised* market cost of healthcare – doctors and medicines – keeps increasing for these populations the state doesn't find strategic to support. Healthcare becomes more and more inaccessible on the market.

And who is actually subsidising who? Isn't it the Mob who's land has been stolen and mined to prop up the state's economy? And the refugee's homeland after being ravaged by an aussie-backed imperialist war for more oil, or forcibly 'opening' new markets for aussie companies? We want to draw attention to how our healthcare, as crap as it can be, is dependent on the exploitation of others. We can't just ask for this system to be improved.

And yet this image of the colony as trans-friendly and progressive that we might be tempted to improve – because there *is* some level of care and safety for the most privileged trans people – is paraded around by the colony, justifying our place in this imperialist world system as a force that will bring 'western values' and democracy to colonised and plundered 'backwards' nations. Or going the other way, after plundering these nations, stoking conservatism and queerphobia in these besieged countries, this colony's portrayal of itself as a queer safe haven, "the lucky country", allows it to call in migrants and refugees for a source of exploitable, undervalued labour.

To be clear, we're not calling for less public healthcare cover – of course this helps countless people paying bills – nor are we suggesting we should stop fighting for queer life on this continent. But if this place continues to be stolen land, run by a capitalist white supremacist state with its hands across the globe, the problems will continue – because colonialism and capitalism is the root of the problem.

If we zoom back in on trans people specifically, the individual-battler journey we were talking about before becomes real if we aren't actively resisting it, because we are all so desperate to get into that doctors office, to afford the appointment and all the meds and

procedures, and subsequently so eager to give the state more power, to be *its* biggest ally– because we are so desperate to believe the state will recognise, protect, and care for *us*. That power and faith in the colony really means more oppression, especially for Mob, and less privileged trans people, and maybe even more privileged trans people when it's no longer politically expedient to the state to pretend to care. Many trans people cling onto this system in desperation to be model minorities, policing each other, our bodies and our political horizons. We do all this believing we will win the protection of the colony, that it is good to be on the side of the colony, and we lose sight of the solidarity we should have with one another, the community which, after all, is why we exist.

We become dependent on these systems that can be, and are, revoked at a moments' notice instead of building independent infrastructure that strengthens the self-determination of communities oppressed by the state. What if the depth of knowledge and care that our DIY community healthcare practices hold were measured against what we are officially told is the best service our doctors and the state can offer, not the other way around? We are so dependent on these colonial-capitalist institutions (the state *and* doctors), as the monopoly on healthcare. Yes, we can sometimes get what we need from them, but as a phrase we read recently that goes "regardless of whether the gate is held open or closed, a gatekeeper is still a gatekeeper."

Instead of filling this intentional gap by the colonial state, we want to be able to take away power from it, building alternative communities and infrastructure against it, even if we are using what we can take from it when we can. Girls have been sharing hormones, or stealing them from their mothers for ever, and oppressed communities have been fighting against their oppressors for ever, too.

We are just one very small, though visible, part of a much larger struggle. And unlike state-backed alternatives, Seahorse Collective won't make you explain yourself if you don't want to. There are no criteria you need to fulfill for us to help you. We aren't going to charge you.

5. What does trans liberation look like to you all?

Oh my god that is such a big question, one that we don't have all the answers for, nor should we!

Trans liberation would look like the strongest community you can imagine, it would be a commitment to holding each other – including non-queer people – and it'll mean new social relations beyond the colonial western system planted on this continent only 250 years ago.

Trans liberation requires bodily autonomy through free, on-demand access to any form of medical care, be it gender-affirming, reproductive, sexual, or surgical, without being gate-kept by doctors or the state. Prison and psychiatric abolition, decriminalisation of sex work and drug use. These are things that should be put in place ASAP, but we need to recognise the ways these demands are often imagined within a colonial and/or imperialist world that presumes extractive supply chains and imperial rent are natural and inevitable

Because really the first step for trans liberation on this continent is the return of land to, and sovereignty for, every Aboriginal nation! Whose liberation are we talking about if this continent remains stolen land? True bodily autonomy doesn't exist under occupation! We need to fight for self-determination and national liberation on this continent and internationally if we want liberation, trans or otherwise.

People talk about Sylvia Rivera and Marsha P Johnson but forget that they weren't just criticising the white cis middle-class gays for their transphobia. **Sylvia and Marsha insisted that the queer movement must be in solidarity with oppressed nations as part of a larger revolutionary anti-imperialist struggle!**

They're big words and concepts that we've tried to explain a little in our previous answers, but think about this: trans people are always rightfully worried that our access to care is going to be revoked at any moment, but as sovereign Mob teaches us, the Law/Lore of the Country you are on cannot be subverted or changed at the whims of political opportunity. Is that not a clear indication that trans liberation cannot be achieved without land back?

On a final note, we always get people asking how they can help out. To which we respond: start a formal or informal autonomous trans healthcare collective in your community! There are plenty of resources online. While you're at it, go out and fight colonialism, imperialism, and fascism! But if you want to help us out specifically we will send 3CR our sticker and poster designs that you can download and paste around, or email us at seahorsecollective@protonmail.com and we can mail you some!

Thanks for having us Monday Breakfast!

Further reading:

‘Trans Health Manifesto’ by Edinburgh Action For Trans Health
https://www.tumblr.com/edinburghath/163521055802/trans-health-manifesto

Terrorist Assemblages: Homonationalism in Queer Times by Jasbir Puar
https://cdn.bookey.app/files/pdf/book/en/terrorist-assemblages.pdf

‘Queer Liberation on Stolen Land’ by Queer Killjoys
https://zinesquatteshoppe.noblogs.org/queer-liberation-on-stolen-land-flier-by-queer-killjoys

‘Street Transvestite Action Revolutionaries: Survival, Revolt, and Queer Antagonist Struggle’
https://archive.org/details/untorelli_2013_transvestite

‘Doctors Who?’ by Jules Gill-Peterson https://thebaffler.com/salvos/doctors-who-gill-peterson

Histories Of the Trans Gender Child by Jules Gill-Peterson
https://transreads.org/wp-content/uploads/2019/07/2019-07-17_5d2f64c2a081e_hottc.pdf

“Electoralism in the Colonial Occupation” & “Colonial Democracy and First Nations Liberation”
by Keiran Stewart-Assheton https://zinesquatteshoppe.noblogs.org/electoralism-in-the-colonial-occupation-colonial-democracy-and-first-nations-liberation-by-keiran-stewart-assheton

‘Revolutionary Trans Politics and the Three Way Fight’ by Rowan
https://threewayfight.org/revolutionary-trans-politics-and-the-three-way-fight-an-interview-with-rowan/

‘If Your Tactics Protect the State, Who are You Protecting Trans Kids From?’
https://antieverything.noblogs.org/post/2025/05/01/if-your-tactics-protect-the-state-who-are-you-protecting-trans-kids-from/

‘On Not Being The Protagonists’ https://antieverything.noblogs.org/post/2025/11/10/on-not-being-the-protagonists/

Health Communism by Beatrice Adler-Bolton and Artie Vierkant
https://rejectpile.neocities.org/digital-library/book-titles/Health%20Communism%20-20a%20Surplus%20Manifesto.pdf

Settlers: The Mythology of the White Proleteriat by J. Sakai
https://tucsonredaction.org/docs/readings/settlers-jsakai.pdf